

## Padlock Request Form

Padlock Request *Department is Charged*
 Padlock Key Request *Department is Charged*
 Damaged Key Replacement *No Charge if Key is Returned*
 Lost Key Replacement *Payment is Required*

Requestor Information							
Name			Department				
Phone			Email				
Bldg.			FOAPAL #	Fund	Org	Account	Program
Room #			<b>MUST BE COMPLETED</b>			714700	

Padlock / Padlock Key Recipient As appears on Valid Photo ID – Driver’s License, Passport, USA ID							
First Name			M.I.			Last Name	
Jag Number			Email			Phone	
Department			Employee Title				
Building					Room #		

Padlock/Key Requested				
Padlock/Key #			Serial #	
Number of Padlocks			Number of Keys	

**Reason for Padlock Request (Required):**


AUTHORIZED BY				
Department Head , Dean , Vice President				
Signature			Print Name	Date
Signature			Print Name	Date

Email Form to [KeyManagement@southalabama.edu](mailto:KeyManagement@southalabama.edu)



*To be completed upon receipt of Padlock and/or Key(s).*

Employee Signature: I certify that I have received the padlock and/or key(s)				
Signature			Print Name	Date